



BLUE HEN CORPORATE CENTER  
655 BAY ROAD, SUITE 1B  
DOVER, DE 19901

STATE OF DELAWARE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
**DIVISION OF STATE POLICE**

PHONE: 302-672-5304  
FAX: 302-739-5888  
[www.dsp.delaware.gov](http://www.dsp.delaware.gov)

- ☐ **Class A Private Investigative Agency**
- ☐ **Class B Private Security Agency**
- ☐ **Class C Private Investigative & Private Security Agency**
- ☐ **Class D Armored Car Agency**
- ☐ **New Application**
- ☐ **Renewal Application**

NAME OF AGENCY:

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LICENSE HOLDER: \_\_\_\_\_

DELAWARE MANAGER: \_\_\_\_\_

Has this agency ever been denied a Private Investigative, Private Security, or Armored Car Agency license in any jurisdiction or ever had a license denied, suspended, revoked or terminated?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, give full details as to the State and reason:

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☐ Sole Proprietorship      ☐ Partnership      ☐ Corporation      ☐ LLC  
☐ Other\_\_\_\_\_

**Sole Proprietorship:**

OWNERS NAME:\_\_\_\_\_

**Partnership, List Each Partner:**

PARTNER:\_\_\_\_\_

PARTNER:\_\_\_\_\_

PARTNER:\_\_\_\_\_

**Corporation (any type) or LLC, list the Officer for the following:**

PRESIDENT:\_\_\_\_\_

VICE PRESIDENT:\_\_\_\_\_

SECRETARY:\_\_\_\_\_

TREASURER:\_\_\_\_\_

OTHER:\_\_\_\_\_

**In the event of any change in owner/partner/corporate officer, you MUST notify the Professional Licensing Section, in writing, within five (5) days thereafter.**

Agency mailing and/or street address of HOME OFFICE (OUT-OF-STATE):

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Agency telephone number:\_\_\_\_\_

Agency fax number:\_\_\_\_\_

Agency e-mail address:\_\_\_\_\_

List the name, phone number and e-mail address of a contact person, within the business that can be reached AT THE ABOVE ADDRESS, authorized to handle routine correspondence with Professional Licensing.

Name:\_\_\_\_\_

Phone number:\_\_\_\_\_

E-mail address:\_\_\_\_\_

**In the event of any change in the address, phone number, or e-mail address, you MUST notify the Professional Licensing Section, in writing, within five (5) days thereafter.**

**ONLY DELAWARE INFORMATION SHOULD BE LISTED ON THIS PAGE**

DELAWARE Agency mailing and street address:

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DELAWARE AREA CODE (302) Agency telephone number: \_\_\_\_\_ 302-

DELAWARE Agency fax number: \_\_\_\_\_

DELAWARE MANAGER E-mail address: \_\_\_\_\_

List the name, phone number and e-mail address of a contact person, within the business that can be reached AT THE ABOVE ADDRESS, authorized to handle routine correspondence with Professional Licensing.

NAME: \_\_\_\_\_

DELAWARE PHONE NUMBER: \_\_\_\_\_ 302-

DELAWARE E-MAIL ADDRESS: \_\_\_\_\_

**In the event of any change in the Delaware address, phone number, or e-mail address, you MUST notify the Professional Licensing Section, in writing, within five (5) days thereafter.**

AFFIDAVIT

I, \_\_\_\_\_, apply as the License Holder and/or Delaware Manager for a Private Investigative, Private Security, or Armored Car Agency, certify that I have read and am familiar with 24 **DEL. C.** CH. 13, and the promulgated Rules & Regulations and will be held in strict compliance with these. I also certify that I will be held accountable to the Board of Examiners for the action and good conduct of each employee of this agency. I further certify that I am a resident of the state of \_\_\_\_\_ and that all records pertaining to business conducted in Delaware will be maintained in the Delaware Office.

I hereby certify that the statements given in this application are true and correct.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expires On

Date present to the Board of Examiners: \_\_\_\_\_

Application expiration date: \_\_\_\_\_